

CITY OF JACKSON, MISSISSIPPI

MINORITY/WOMEN BUSINESS ENTERPRISE DISCLOSURE AFFIDAVIT

In order to evaluate the legitimacy of each MBE/FBE applicant, certain relevant information must be provided initially, prior to award, and continually updated throughout contract performance. This information must include statements clearly identifying and explaining the extent of the minority or female ownership and control including, but not limited to, the information items on this form. All information items must be furnished or properly addressed before the business entity can be evaluated.

1 Name of Business (Applicant Firm): _____

Address: _____

City, State: _____ ZIP: _____

Contact Person (Name): _____

(Title): _____

Phone Number (Including Area Code): (_____) _____

Fax Number (Including Area Code): (_____) _____

E-mail Address: _____

Website Address: _____

2 Type of Ownership (Check One):

() Sole Proprietorship

() Partnership

() Corporation

() Joint Venture

3 Name, Address and Phone Number of Attorney:

(_____) _____

4 Name, Address and Phone Number of
CPA/Accountant:

(_____) _____

5 Nature of Business:

6 Years in Business: _____

7 % of Minority Ownership: _____

8 % of Female Ownership: _____

9 Identify any minority or female owner who is not a citizen of the United States. If all owners are U.S. citizens, so state

10. Identify all owners (individuals or corporations) and their percentage of ownership:
(If necessary, list additional names on a separate sheet and attach to this form)

| Owner(s) | Race | Sex | Years of Ownership | Ownership Percentage (%) | Voting Percentage (%) |
|----------|------|-----|--------------------|--------------------------|-----------------------|
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11. If any owner has an ownership interest in another firm, so indicate:

| Name of Owner(s): | Nature of Other Ownership Interest: | Relationship to Applicant Firm: |
|-------------------|-------------------------------------|---------------------------------|
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- 12 List the names of the Officers, the date each was elected and the term expiration date for each
(if applicable).

| POSITION: | NAME OF OFFICER: | DATE ELECTED: | TERM EXPIRATION DATE: |
|----------------|------------------|---------------|-----------------------|
| President | | | |
| Vice President | | | |
| Secretary | | | |
| Treasurer | | | |
| Other: _____ | | | |
| Other: _____ | | | |

13. Current Board Of Directors:

| NAME: | Minority, Female or Neither (Specify): | Date Elected: | Home Address & Phone Number: |
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14. Prior Board of Directors:

| NAME: | Minority, Female or Neither (Specify): | Date Elected: | Home Address & Phone Number: |
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15. List Stockholders (If necessary, list additional names on a separate sheet and attach to this form):

| Name: | Minority, Female or Neither (Specify): | Amount Paid: | Loans or Notes (Specify): | Common or Preferred (Specify): | Total Value: | Date of Ownership: |
|-------|---|--------------|---------------------------------|--------------------------------------|--------------|-----------------------|
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16. In the instance of each share of stock secured through a purchase agreement, loan or note, provide a copy of the agreement, loan or note. The copy must indicate the source of the loan, date of the loan, conditions relating to distribution of profits and management of business and collateral or guarantees given as security. (Check One)

() No Stock secured through Purchase Agreement, Loan or Note

() Document(s) Enclosed

17. If applicant firm is owned in full or in part by a company listed in Item 14, list on a separate sheet that company's shareholders, including the percentage of ownership interest for each and the names and addresses of its directors and officers.

18. List all sources and amounts of money loaned to the applicant firm:

| SOURCE: | AMOUNT: |
|---------|---------|
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19. Identify applicant firm's current bonding company and bank. Do you have letter(s) of credit? ____ YES ____ NO
If yes, identify sources of letter(s) of credit

Bonding Company: _____

Bank: _____

Letter(s) of Credit: _____

20. What is your Bonding Limit? _____

21. Who determines what jobs/contracts the company will undertake?

Name: _____

Title: _____

22. Who will be responsible for on-site supervision?

Name: _____

Title: _____

Name: _____

Title: _____

23. (a) Who negotiates and signs for surety bonds?

Name: _____

Title: _____

(b) Who signs for insurance and payroll?

Name: _____

Title: _____

24. Are there any limitations on the authority of any official to sign checks? YES _____ NO _____

If so, explain. (Example: multiple signature requirement)

25. List prior and current company clients:

(If necessary, list additional names on a separate sheet and attach to this form)

| Company Name: | Contact Name: | Address: | City, State and ZIP Code: |
|---------------|---------------|----------|---------------------------|
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26. List current and past subcontractors:

(If necessary, list additional names on a separate sheet and attach to this form)

| Company Name: | Owner's Name: | Address with City, State, ZIP Code: | Phone Number(s): | Specify MBE or FBE: | Current: | Past: |
|---------------|---------------|-------------------------------------|------------------|---------------------|----------|-------|
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27. Does applicant firm own major equipment? _____ YES _____ NO
List the major equipment owned (Do not list rental or leased equipment.)

| TYPE OF EQUIPMENT OWNED: | QUANTITY: |
|--------------------------|-----------|
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28. List all products and/or services applicant firm is able to provide:

29. Has your firm been approved by the Federal Small Business Administration 8(a) Program? _____ YES _____ NO
If yes, supply a copy of the approval letter

30. (a) Identify any owner or management official of this business who is or has been an employee of another firm that has an ownership interest in or a present business relationship with this business. Present business relationship includes shared space, equipment, financing or employees; as well as both firms having all or some of the same owners. (If necessary, list additional names on a separate sheet and attach to this form.)

Name: _____ Title: _____

Name: _____ Title: _____

- (b) If there are none, please affirm the following statement by your signature:

"I certify that there are no owners or management officials of this firm who are or have been an employee of another firm that has an ownership interest in or a present business relationship with the firm for which I make this MBE/FBE application."

Name: _____ Title: _____

31. (a) Attach copies of previous certifications or denials of certification as a minority/female business enterprise

() Enclosed () None Previously Issued

- (b) Identify agencies at which certification is currently under consideration:

32. If awarded a project, what percentage of the work would be performed in-house? _____ %

33. Will another contractor (prime contractor, subcontractor and/or supplier) provide any assistance to applicant firm?
_____ NO _____ YES (If yes, provide details below.)

33. (continued)

| TYPE OF ASSISTANCE: | DETAILS: |
|-----------------------------------|----------|
| Supervision at Job-Site | |
| Bonding and/or Insurance | |
| Hiring and/or Firing | |
| Purchase of Supplies/Materials | |
| Provide Office Space, Telephone | |
| Bookkeeping, Payroll, Taxes | |
| Withholding on other services | |
| Personnel Manpower | |
| Payroll and Worker's Compensation | |
| OTHER (Specify): | |
| OTHER (Specify): | |

34. (a) Identify any stock options or other ownership options that are outstanding and any loans between owners or between owners and third parties relevant to the business entity. Describe below or enclose statement.

(b) If there are none, please affirm the following statement by your signature:

"I certify that there are no stock options or other ownership options currently outstanding, nor any loans between owners and third parties relevant to the firm which I represent and for which I make this MBE application."

Name: _____

Title: _____

35. (a) List those individuals who are responsible for day-to-day management and policy decision-making including, but not limited to, those with prime responsibility for financial and management decisions and/or supervision of field operations. (If necessary, list additional names on a separate sheet and attach to this form)

| NAME: | RACE: | SEX: | TITLE: | RESPONSIBILITIES: |
|-------|-------|------|--------|-------------------|
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35. (b) List those individuals who are responsible for day-to-day management and decision-making including, but not limited to, estimating, marketing and sales, hiring and firing of management personnel and purchasing of major items or supplies. (If necessary, list additional names on a separate sheet and attach to this form.)

| NAME: | RESPONSIBILITIES: | Experience and Qualifications in Relationship to Responsibilities: | Number of Years with Firm |
|-------|-------------------|--|---------------------------------|
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AFFIDAVIT

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____ (Name of Applicant Firm) as well as the ownership thereof. Further, the undersigned agrees to provide through the prime contractor or, if no prime, directly to the City current, complete and accurate information regarding actual work performed and to permit the audit and examination of books, records and files of the named firm. Any material misrepresentation will be grounds for terminating any contract that may be awarded and initiating action under Federal or State laws concerning false statements.

Signature: _____

Print Name: _____ Title: _____

Corporate Seal (where appropriate):

Date: _____

State Of: _____ County Of: _____

On this _____ day of _____, 20____, before me appeared _____ (Name), to me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by _____ (Name of Applicant Firm) to execute affidavit and did so as his or her free act deed.

(Seal)

Notary Public: _____

Commission Expires: _____